

## **INSTRUCTIONS FOR TESTING ASC X12N 837 PROFESSIONAL CLAIMS TRANSACTIONS**

Currently, the MDCH accepts electronic claims for professional services rendered to Medicaid clients using two different versions of the ASC X12N 837 Professional Claim – either v3051 or v4010. As of October 1, 2003, MDCH will retire v3051 of the 837P transaction. As of that date, all electronic claims for professional services must be submitted using the **ASC X12N 837 Professional version 4010 (837P v4010)** format.

While we will continue to accept submission of paper claims using the HCFA-1500 claim form for the immediate future, we strongly encourage all of our providers currently submitting paper claims to convert to electronic claims submission as soon as possible. Electronic claims provide more efficient and more accurate processing, resulting in faster payments to our providers.

In order to communicate electronically with MDCH, you must first obtain an Identification Number and password from the MDCH Automated Billing Unit. For general instructions on how to obtain that Identification Number and password, please refer to the MDCH Electronic Submission Manual, which can be found on the web at [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Once you have reached the web site, click on “Providers” on the left side of the screen, then “Information for Medicaid Providers” (on the left side of the page), then “HIPAA Implementation Materials.”

That page also contains several other useful links, including:

- L 02-16 HIPAA Mandate letter to Medicaid Providers
- HIPAA Frequently Asked Questions (FAQ) – This page outlines several categories of frequently asked questions
- Data Clarification Documents – This link directs you to documents that provide essential details regarding MDCH data requirements for individual transaction sets. Professional care providers should particularly focus on the document titled “Data Clarification for the 837 Professional v4010 Claims.” This document is a companion document to the HIPAA implementation guide for the 837P v4010 transaction, which may be found at [www.wpc-edi.com](http://www.wpc-edi.com).

MDCH is recommending a two-stage electronic claim submission testing process that is summarized as follows:

**Stage 1 – Integrity Testing** is strongly recommended for all providers. For providers previously certified by MDCH as electronic billers (using the 837P v3051 claim format), integrity testing provides the opportunity to test new 837P v4010 claims for syntax errors and ensure the transactions are formatted correctly. This is critical, due to the new data requirements and edits associated with the v4010 claim transaction. For providers seeking to become certified as electronic billers, this integrity testing provides an easy-to-use environment for judging the adequacy of your 837P v4010 claim generation systems and/or service bureaus. MDCH is not in a position to support wide-scale problem diagnosis for transactions that do not pass Stage 1 Integrity Testing. This type of testing should be performed **before** sending any 837P v4010 transactions to MDCH.

**Stage 2 – Business-to-Business Testing** is the process of submitting test files to MDCH for processing through the MDCH test environment. For providers previously certified by MDCH as electronic billers, this process is encouraged, but not necessarily a required step. (Again, we strongly encourage all providers to complete Stage 1 Integrity Testing **before** attempting to send test 837P v4010 claims to MDCH.) For providers seeking to become certified as electronic billers, this **is** a required step, as spelled out in the MDCH Electronic Submission Manual.

The following paragraphs provide more detailed instructions regarding each of the two stages of recommended testing activity.

## **STAGE 1 – INTEGRITY TESTING**

For the 837P v4010, MDCH entered into an agreement with Blue Cross/Blue Shield of Michigan (BCBSM) that allows Michigan Medicaid providers to test electronic claims files using an automated testing tool on the BCBSM web site. There is no charge for this testing service.

Before you can begin integrity testing using the automated testing tool provided by BCBSM, you must first create an account. The process for creating an account, as well as the process for submitting files for analysis, is spelled out on the BCBSM web site, at: [www.bcbsm.com/providers/trans\\_test.shtml](http://www.bcbsm.com/providers/trans_test.shtml).

In summary, you create an account by sending an Email to the BCBSM Administrator, identifying yourself as an organization that wishes to file electronic claims with MDCH. You should receive a User ID and password within 1 or 2 business days. Once you have received your User ID and password, you can login to the site and then begin the process of submitting claims files for analysis. To upload a test file, click on Upload File. Use the browse function to locate the file you want to analyze (or type in the full path to that file on your PC) and then click on the Upload Now button. (If you have more than one file to analyze, click on upload another file and repeat until all files have been uploaded.)

Once the file upload process is complete, click on the Analysis Page link on the bottom of the page. Select the file you would like to test by clicking on the circular radio button next to the file's name. Use the drop down box to select the desired guideline to be used, then click Analyze. A scrolling "Analysis in Progress..." message will appear in the column labeled Analysis Date. Wait until the analysis is complete, and a notebook icon appears along with the date and time of the analysis, replacing the scrolling message. A summary of the analysis results for that file will be noted in the column marked Status, which will either be:

- A green checkmark (the file passed; no errors nor warnings),
- A yellow triangle (the file had minor data errors or warnings) or
- A red check mark (the file had fatal error(s)).

To view the detailed results of the analysis, click on the notebook icon. Scroll down to see errors and messages, which will be noted by a different color font (blue, green, or red).

You should continue to take advantage of this easy-to-use testing service, using a wide variety of claims, until you are satisfied that your system generates HIPAA-compliant 837P v4010 claims.

## **STAGE 2 – BUSINESS-TO-BUSINESS TESTING**

Business-to-Business testing with MDCH is a process that may be used in two different situations:

1. Existing electronic billers who currently transmit 837P claim transactions to MDCH using the older, v3051 guidelines may wish to test their ability to transmit v4010 837P claim transactions to MDCH, after first completing Stage 1 Validation Testing with BCBSM, as described above.
2. Providers not yet certified to transmit electronic professional claims to MDCH are encouraged to become electronic billers. That process requires a few preliminary steps, which are outlined in our Electronic Submission Manual, which may be found at [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Once the agreements have been executed and the provider has been given the access codes and parameters necessary for communicating with MDCH, then the final step in becoming an electronic biller is the successful completion of claims testing. Providers seeking to become electronic billers should also complete Stage 1 Validation Testing **before** submitting claims to MDCH as part of the Stage 2 Business-to-Business Testing process.

Current or prospective electronic billers may immediately begin submitting test claim files to MDCH, and may continue to submit test claims through September 2003. Electronic billers are urged to submit a representative sample of up to 100 individual claims. Please send files referencing active Medicaid recipients; do not enter "fake" Medicaid numbers. **Test claims are not live claims and will not be paid.**

After the claims file has been received, MDCH will attempt to translate the file and will post a 997

Functional Acknowledgement transaction to the submitter's mailbox. Submitters should check their mailbox for this acknowledgement. If the file is acceptable, the test claims will be loaded into our test claims processing system, which will produce edit reports for our analysis. After we complete our internal review, we will contact you to discuss the results of our test processing, and note whether the claims were properly received and processed. Should errors be reported, we will investigate and assess the source of the problem(s). If we are unable to translate the file due to fatal errors or other problems, we will contact you to allow you to investigate and correct those problems. At that point, we will ask whether the test file had successfully been processed by the BCBSM integrity testing service.

Follow the following steps to perform Stage 2 Business-to-Business Testing:

1. Create a test file of 837P v4010 claims, using your billing system and EDI software or service bureau. As noted above, that file should include various services, no more than 100 claims, and should reference actual, valid subscriber identifiers, as outlined in the Data Clarification Document. That file must include an Interchange Envelope, containing various ISA elements as specified in the Data Clarification Document and/or Implementation Guide. For the test claims, you must specify a **T** in the ISA15 segment of the Interchange Envelope. The Interchange Envelope may contain one or more Functional Groups. For test Professional Claims, you must specify **004010X098** in the GS08 segment. For each test file that you create, store the file on your PC or on a shared network location that is easily accessible (e.g., on a mapped drive).
2. To submit the 837P v4010 test file, log onto our DEG (Data Exchange Gateway), using the connection information supplied by MDCH, then enter the following information:

PUT {your drive\directory\filename} space 4780T@DCHEDI. The drive, directory and filename combination should be the full path to the location on your PC (or network) where the file to be tested is located on your computer. The following example illustrates this command:

PUT C:\CATALOG\testfile.txt 4780T@DCHEDI

After you have issued the PUT command and the file has been transferred, it should be immediately translated. As noted in the Electronic Submission Manual, you can enter a DIR command, with the name of the file sent, to see the 997 Functional Acknowledgement. You can download that 997 Functional Acknowledgement by entering a GET command; be careful to change the file name for the destination system so the file you sent is not written over.

3. You must then send an Email, including a contact name and telephone number in your organization, to the following contacts to inform MDCH that a test file has been submitted:

<Tammie Savage> [SavageT@Michigan.gov](mailto:SavageT@Michigan.gov);

<Felix Carter> [CarterF1@Michigan.gov](mailto:CarterF1@Michigan.gov);

<Daryl Katalenich> [KatalenichD@Michigan.gov](mailto:KatalenichD@Michigan.gov);

<Jim Kunz> [KunzJ@Michigan.gov](mailto:KunzJ@Michigan.gov)

Please use a subject line of "837P Test File Submission for DCH00XX", where DCH00XX is your MCDH-assigned provider ID.

4. MDCH will do a preliminary review of the translated output from your test file. If the file is acceptable, it will be loaded into the test claims processing system. If the test file is not acceptable, we will advise you of problems contained in the file that prevent further testing and will provide guidance to modify the file according to Medicaid specifications.
5. Once the test file has been accepted, claims will be adjudicated in the test environment, edit reports will be created, and the MDCH test review team will review the results.
6. After review of the test file adjudication has been completed, MDCH will contact you by phone or by Email to communicate our conclusions. We will be available to answer questions that you may have. The entire testing process takes a minimum of 5-10 business days to complete.